


<div><div>Application Type:</div><div>Check One:</div><div>Initial: _____</div><div>Transfer: _____</div><div>Updated Info: _____</div><div>Renewal: _____</div></div>	<div><div>REGISTRATION APPLICATION</div><div>HOWARD COUNTY, MARYLAND COMMON OWNERSHIP</div><div>COMMUNITY ASSOCIATION</div><div>Department of Inspections, Licenses and Permits</div><div>9250 Bendix Road</div><div>Columbia, MD 21045</div><div>Licenses: 410-313-2455 (Option 4) – Inspections: 410-313-1830</div></div>	<div></div>
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Entity Name (Full Legal Name of Association as in the Articles of Incorporation or Declaration)		
Condominium Name:		
Condominium Property Address		
Property Address:		
City:	State:	Zip Code:
Subdivision:	# of Buildings:	# of Units:
Sprinkler System Installed: Select One: Yes_____ No_____ Unknown_____		
Resident Agent (Individual designated to receive legal service) P.O. Boxes Only Cannot Be Accepted		
Name:		
Address:		
City:	State:	Zip:
Email:		
Phone:		Fax:
Condominium or Cooperative Contact (Must Be a Resident of Maryland)		
Name:		
Street Address:		
City:		
Email:	Website:	Zip:
Phone:		Fax:
Management Company: (P.O. Boxes Only Cannot Accepted)		
Company Name:		
Property Manager:		
Address:		
City:		
Phone:	Email:	Zip:
Condominium President: (Physical Residential Street Address Required)		
Name:		
Home Address:		
City:		
Phone:	Email:	Zip:
Condominium Vice President: (Physical Residential Street Address Required)		
Name:		
Home Address:		
City:		
Phone:	Email:	Zip:

Condominium Secretary: <i>(Physical Residential Street Address Required)</i>		
Name:		
Home Address:		
City:	State:	Zip:
Phone:		Email:
Condominium Treasurer: <i>(Physical Residential Street Address Required)</i>		
Name:		
Home Address:		
City:	State:	Zip:
Phone:		Email:
Other Condominium Officers, If Applicable: <i>(Physical Residential Street Address Required)</i>		
Name:		Title:
Home Address:		
City:	State:	Zip:
Phone:		Email:
Condominium Manager: <i>(Physical Residential Street Address Required)</i>		
Name:		
Home Address:		
City:	State:	Zip:
Phone:		Email:
Agreement/Disclaimer Section:		
<p><i>I, _____ (please print) have carefully examined and read this application and know the same is true and correct.</i></p> <p><i>Signature:_____ Title_____ Date:____/____/____</i></p> <p><i>Within 30 days of a change, a common ownership community shall notify this department via this form if there is a change in the name of the community, the ownership interest of the community, including a change in the resident agent, officer, or management company or any other information contained on this form.</i></p>		

For Office Use Only:	Registration No.:
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